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CONFIRMATION NO. 7246

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|--|---|-------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/336,090   | <b>FILING OR 371(c) DATE</b><br>06/18/1999<br><b>RULE</b>   | <b>CLASS</b><br>370           | <b>GROUP ART UNIT</b><br>2667   | <b>ATTORNEY DOCKET NO.</b><br>AGM-006 |                                |
| <b>APPLICANTS</b><br>FRANK KASTENHOLZ, CHELMSFORD, MA;<br>TOM WESTBERG, SUDBURY, MA;<br>STEVEN R. WILLIS, ACTON, MA;   |   |                               |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/090,028 06/19/1998  |   |                               |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/15/1999</b>   |   |                               |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>26             | <b>INDEPENDENT CLAIMS</b><br>8 |
| <b>ADDRESS</b><br>44987  |   |                               |   |                                       |                                |
| <b>TITLE</b><br>INTERCONNECT NETWORK FOR OPERATION WITHIN A COMMUNICATION NODE   |   |                               |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>1388   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |